

## CLAIMS ONLY

Application Number  
10634174 Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2	/	/				
3		/				
4		/				
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Total Indep	10					
Total Depend	35					
Total Claims	45					

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51	Indep	Depend	Indep
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Total Indep			
Total Depend			
Total Claims			